MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II  |            |
|--|---------------|---|------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of dcath and related causes Date of importance were as follows: |            |
| Arteriosclerosis   | 1915          | Attack of epilepsy  | 1 week ago |
| Chronie interstitial nephritis   | 1921          | Run over by street car  | 1 week ago |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis   | 3 days ago |
|  |               |   |            |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:  |            |
| Gallstones   | May 1,1923    | Gastroenteritis   | 1 year     |
|  |               |   |            |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| e Bor form | es #2 inser. | Simporon | 1/29/23 |  |
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MARGIN RESERVED FOR BIND

| ormation should be carefully supplied. ACE should be stated EXACTLY, PHYSI-<br>ate CAUSE OF DEATH in plain terms so that it may be properly classified. Exact |   |
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| ormation should be carefully supplied. ACE should be stated EXACTLY, PHYSI-<br>ate CAUSE OF DEATH in plain terms so that it may be properly classified. Exact | UPATION is very important. See instructions on back of certificate. |
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| PLACE OF DEATH   | STATE OF MARYLAND   |
|--|---|
| Count  | CERTIFICATE OF DEATH  |
| m. 01 -  | Registration Dist. No. 76   |
| Village or City Miles Californ   | St: Ward) (If death occurred in a hospital or institu-  |
| 2FULL NAME Sollar  | stead of street and number.)  |
| PERSONAL AND STATISTICAL PARTICULARS                                   | MEDICAL CERTIFICATE OF DEATH  |
| 3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH JOSE 15 Dh., 1987  |
| 6 DATE OF BIRTH America 19   | 17 I HEREBY CERTIFY, That I attended the deceased from  |
| Fromany 5 1934   | Die 9 1922. to Die 10 , 1936  |
| (Month) (Day) (Year)   | that I last saw had alive on Dec 9 1923   |
| 7 AGE  | end that death occurred on the date stated above, at  |
| yrs. / D mos. ds. or min.?   | The CAUSE OF DEATH * was as follows:  |
| BOCCUPATION  | Deareles and Enteritis  |
| (a) Trade, profession or particular kind of work                       | Turnsly 2 7 mg  |
| (b) General nature of industry   |   |
| business, or eatablishment in which employed or (employer)             | yrsmosds.   |
| 9 BIRTHPLACE (State or country)  MO  ADMA                              | Contributory<br>Secondary   |
| I 10 NAME OF   | (Duration) yrs. mos. ds.  |
| FATHER LAST Alone O  | (Signed) M. D.  |
| () II BIRTHPLACE   | Del/ 1932 (Address) Chaful ml   |
| OF FATHER  (State or country)  12 MAIDEN NAME                          | *State the Discase Causing Death, or, in deaths from<br>Violent Causes, state (1) Means of Injury and (2) Whether<br>Accidental, Suicidal or Homicidal. |
| of Mother Geni Bollar  | 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-   |
| 13 BIRTHPLACE OF MOTHER  | ients or Recent Residents)  At place In the   |
| (State or Country) Murum MI  | of deathyrsds. Stateyrsds.  |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE                       | Where was disease contracted, if not at place of dea.h?   |
| (Informant) La Chris   | Former or usual residence   |
|  | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  |
| (Addreas)  | wastes hotel Dec 12, 1932   |
| 15 Filed / N/V 13 Murela 1, Janson                                     | 20 UNDERTAKER ADDRESS   |
| Registrar  | buss to word marion   |
| If more blanks are needed, address State Registrar,                    | 16 W. Seratoga St., Balto., Requesting V. S. No. 1.   |

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an er," etc., without more precise specification as Light laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> For authority to Change Adte of birth see birth Certificate

..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

| STATE | OF | MARYLAND-CERTIFICATE | OF | <b>DEATH</b> |
|-------|----|----------------------|----|--------------|
|       |    |                      |    |              |

13558

| 1. PLACE OF DEATH  | 0  |  |                        |
|--|--|--|------------------------|
| County don   | resser   | CORPORATE LIMITS ROStration Dist. No.  | 265                    |
| Village or City Cre  | 's Field Ma  | ( No.  |                        |
| Vinage of ony  | (II  | death occurred in a hospital or institution, give its NAME instead of street                         | t and number)          |
| Length of residence in city or town whe  | re death occurredyrsmos  | ds. How long in U.S. if of foreign birth?yrs   | mosds.                 |
| 2. FULL NAME Man   | win N. Warge   | ey.  |                        |
| (a) Residence: No. Cre   | sfield Md  | St., Ward.   |                        |
| 4,   | (Usual place of abode)   | If nonresident give city or tow  |                        |
| PERSONAL AND STATES  |  | MEDICAL CERTIFICATE OF DEAT  | TH                     |
| male Thile   | 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  | 21. DATE OF DEATH Dee 9 day (Month) (Day)  | 193 <b>2</b><br>(Year) |
| 5a. If married, widowed, or divorced HUSBAND of                                    |  | 22. I HEREBY CERTIFY. That I atte  | anded deceased from    |
| (or) WIFE of   |  | Dec 6 1932 to Dec 9  | 19.3.2-                |
| 6. DATE OF BIRTH (month, day, and year)  | au 8th 1911  |  | 3 2; death is said     |
| 7. AGE Years Months  | Days If LESS than 1 day,hrs.   | to have occurred on the data stated above, at //m.   |                        |
| 21. 11   | ormin.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                       | Date of onset          |
| 8. Trade, profession, or particular  | and Medania  |  |                        |
| kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc                             | uno manares  | Influença  | Dec 3 173              |
| 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. |  | 1" 1 menurus   | Dec 6, 12              |
| O 10. Date deceased last worked at   | 11. Total time (years) spant in this   |  |                        |
| this occupation (month and year)   | spant in this  |  |                        |
| 12, BIRTHPLACE (city or town) Lomerset 13 "  |  | Other Contributory Causes of importance:   |                        |
| (State or country)   | Md.  |  |                        |
| 13. NAME 200 8. 18   | easley,  |  |                        |
| 13. NAME SOL 3. 13. NAME 14. BIRTHPLACE (city of town)                             | 100  | Name of operation Date   | e of                   |
| (State or country)   | 1 // 1   | What test confirmed diagnosis? Was ther  |                        |
| 15. MAIDEN NAME DOCSE  | e Donners,   | 23. If death was due to external causes (VIOL ENCE) fill in also the fol                             |                        |
| E as Deption Age ( )   | no l   | Accident, suicide, or homicide? Date of injury   |                        |
| 16. BIRTHPLACE (city or town) (State or country)                                   | - Hat  | Where did injury occur?  |                        |
| 17. INFORMANT DLR FIRE   | Dearley. And   | (Specify city or town, county ar<br>Specify whether injury occurred in INDUSTRY, in HOME, or In PUBL | ad State)<br>IC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL  | The state of the s | Mannar of Injury   |                        |
| Place asbury Cered   | leg Date Dec 12 1, 1932  | Nature of injury   |                        |
| (2)  | O. mar   | 24. Was disease or injury in any way ralated to occupation of decease                                |                        |
| 19. UNDERTAKER (Address)   | Till Mit   | If so, specify   | u:                     |
| De- 12 22  | 1191   | (Signed) Sarah M. Para ton   | M D                    |
| 20. FILED 200 193 4  | Registrar.   | (Address) Chia dee M. Tu   | 1 ~                    |
| No.  | Kegistrar.   | (Addiess)  | K                      |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
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|  |
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

| 1. PLACE OF DEATH   | CERTIFICATE OF BEATT  |
|---|---|
| 0   | 93-0  |
| County Somewest   | Registration Dist. No.  |
| Village or City (suffeld (). N. P. W.   | NoSt., Ward   |
| Length of residence in city of town where death occurredyrs,mos   | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long is U.S. if of foreign birth? |
| 1 1 1 80  | 1 att   |
| 2. FULL NAME James Hesly Ble  | amount  |
| (a) Residence: No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W10 OWED, OR DIVORCED. (write the word)   | 21. DATE OF DEATH  Dec. 9 193 2 (Year)  |
| 5a. If married, widowed, or divorced  | (Month) (Day) (Year)  |
| HUSBANO of College Balantiles   | 22. I HEREBY CERTIFY, That I ettended deceased from   |
| July Chillian 177   | 1932, to 5 2 , 1932   |
| 6. DATE OF BIRTH (month, day, and year) July. 4, 1853   | I last saw h aliva on Del , 19 3 2; death is said ,   |
| 7. AGE Years Marshs Days If LESS than   | to have occurred on the date stated above, at &   |
| 79 3 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |
| 8. Trade, profession, or particular   | ll rouis legolardeta  |
| kind of work done, as SPINNER, tarever SAWYER, BOOKKEEPER, etc.   | arkinselerous   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10, Oate deceased last worked at this occupation (month end |   |
| SAW MILL, BANK, etc.  |   |
|   |   |
| year) occupation  | Other Contributory Causes of importance:  |
| 12. BIRTHPLACE (city or town) Cuffeld   |   |
| (State or country)  |   |
| 13. NAME W. Sedauotth  14. BIRTHPLACE (city or town) Signature  (State or country)  |   |
| 14. BIRTHPLACE (city or town) Crislield   | Name of operation   |
| (State or country)  | What test confirmed diagnosis?  |
| 15. MAIDEN NAME Sally Riggin  | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
| 15. MAIDEN NAME Sally Aiggin  16. BIRTHPLACE (city or town) Chispitela  | Accident, suicide, or homicide? Date of injury 19   |
| State or country)   | Where did injury occur?   |
| The Mayles  | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.                  |
| 17. INFORMANT CARLY MAY MAY (Address)   | opening whether injury decented in 1970-001847, in 110 ma, or in 1 00 E10 1 EAU.  |
| 18. BURIAL, CREMATION, OR DEMOVAL   | Manner of injury  |
| Place Crifild Con Date Vec 11, 1932   |   |
| 112,00  | 7 7   |
| 19. UNDERTAKER SWALL DIAGRAM  | 24. Was disease or injury in any way related to occupation of deceased?   |
| (Address) Cuful . nd.   | If so, specify  |
| 20. FILED # 14.11 , 19.32 C. E. Collins   | (Signed) M. D.  |
| Registrar.  | (Address) Cris field Lud  |

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

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| Example I  The principal cause of death and related causes of importance were as follows:  Date of onset |                | Example II    |  |               |
|--|----------------|---------------|--|---------------|
|  |                | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | A 15 9         | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | JAI.           | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  |                | July 5,1927   | Peritonitis  | 3 days ago    |
| 1  | BULL           |               |  |               |
| Other contributory course  | of importance  |               |  |               |
| Other contributory causes  | or importance: |               | Other contributory causes of importance:                                       |               |
| Gallstones   |                | May 1,1923    | Gastroenteritis  | 1 year        |
|  |                |               |  |               |
|  |                |               |  |               |

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 weck ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gollstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH   |
|--|--|
| 1. PLACE OF DEATH  | 13561  |
| county Jonerset WITHIN CORPOR  |  |
| Village or City Criffield  | NoSt Ward  |
| (H   | death occurred in a hospital or institution, give its NAME instead of street and number)                           |
| Length of residence in sity or town where death occurredyrsmos   | ds. How long In U.S. if of foreign birth?yrsmosds.   |
| 2. FULL NAME (aThermal harmoely  |  |
| (a) Residence: No. Lore  | St., Ward.   |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS  | If nonresident give city or town and State   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,   | MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  |
| OR DIVORCED (write the word)   | Dec 5 193 Z  |
| 5e If married widowed or diversely   | (Month) (Dey) (Year)   |
| 5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of   | 22. / I HEREBY CERTIMY, That I attended deceased from  |
| M. d. Marnoet  | NEC 2 1932, 10 SEC 5 1932  |
| 6. DATE OF BIRTH (month, day, and yeer) JUNE 14 18 (-4   | I last saw h 2 2 alive on 1932 death is said   |
| 7. AGE Yeers Months Days If LESS then 1 day,hrs.   | to heve occurred on the date stated above, at  |
| 78 3- 21 Iday,mis.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                                     |
| 8. Trede, profession, or particular kind of work done, as SPINNER, HOUSE TO SANGER PROFESSIONER AND STANGER PROFESSIONER PRO | Octobrished.   |
| Kind of work done, as SPINNER,   OUT TUCK  | speral alleres   |
| work wes done, es SILK MILL, SAW MILL, BANK, etc   | Dellerous -  |
| 10. Date deceased lest worked at 11. Total time (yeers)  | HEAL who   |
| O this occupation (month and yeer)   | 184 432  |
| 12. BIRTHPLACE (city or town) Harberton  | Other Contributory Causes of importance:   |
| (State or country)   |  |
| # 13. NAME Luther Ja moore   |  |
| 14. BIRTHPLACE (city or town)  | Neme of operation Date of  |
| (State of Country)   | Whet test confirmed diagnosis? Wes there en eutopsy?   |
| 15. MAIOEN NAME Mariah Misson  16. BIRTHPLACE (city or town)   | 23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following:                                    |
| [ 16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide? Dete of Injury, 19   |
| (Stete or country)   | Where did injury occur?  |
| 17. INFORMANT Mrs Martha Jomers  | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) (rifix)d mad   |  |
| 18. BURIAL, CREMATION OR REMOVAL Bens Date Dec 8 19 3 3  | Manner of injury   |
| Place Date Date 1995   | Neture of injury   |
| 19. UNDERTAKER John W. Lidston   | 24. Was diseese or injury in eny way related to occupation of deceased?  |
| (Address)  | If so, specify   |
| 20. FILEO Dec. 6, 1932 CElolins  | (Signed) M. D.   |
| Registrar.   | (Address) As fell The  |
| If more blanks are needed, address State Registrar,  | 2411 N. Charles Street, Baltimore, Requesting J. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In station the eccupation axial the reason indefinite terms.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis 1935  | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July5,1927    | Peritonitis  | 3 days ago    |
| RURUAU   |               |  |               |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| STATE OF MARYLAND  | CERTIFICATE OF DEATH 13562  |
|--|---|
| 1. PLACE OF DEATH  | (Q-C)   |
| County Dunsy   | Registration Dist. No.  |
| Village or City WENONA, MD.  | NoSt,Ward   |
| (III   | death occurred in a hospital or institution, give its NAME instead of street and number)                                |
| Length of residence in city or town where death occurredyrs,mos.   | ds. How long in U.S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME William & OM  | WIT   |
| (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or lown and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  | 21. DATE OF DEATH  (Month)  (Day)  (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of   | 22. HEREBY CERTIFY. That I attended deceased from 1937, to 1937, 1937   |
| 6. DATE OF BIRTH (month, day, and year) Jane 28/1866   | I lest saw h elive on   |
| 7. AGE Years Months Days If LESS than 1 day,   | to heve occurred on the date stated above, at _ ( 3 p_m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| /7 / / Ormin.  | were as follows:  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, etc. SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and spent in this | Meritality difficulty 1032  |
| work wes done, es SILK MILL, SAW MILL, BANK, etc   | Altria-Xblinners  |
| 10. Date deceased last worked et this occupation (month and year) occupation control this occupation this  | 700000  |
| 12. BIRTHPLACE (city or town) WENONA, MD.  | Other Contributory Causes of importance:  |
| 12. BIRTHPLACE (city or town) (State or country)   | 1932  |
| 13. NAME William S. Dankty  14. BIRTHPLACE (city or town) WENONA, MD.  |   |
| 14. BIRTHPLACE (city or town) WENONA, MD.  | Name of operation Date of   |
| (State of County)  | Whet test confirmed diagnosis? Wes there en eutopsy?  |
| 15. MAIDEN NAME Julia a. Wessel.   | 23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:  |
| 15. MAIDEN NAME LUIA A. MENONA, MD.  16. BIRTHPLACE (city of town) WENONA, MD.   | Accident, sulcide, or homicide?   |
| (State or country)   | Where did Injury occur?   |
| 17. INFORMANT Maurice Down (Address) WENONA MD.  | (Specify city or town, county and State) Specify whether Injory occurred In IMDUSTRY, in HOME, or in PUBLIC PLACE.      |
| 18 BURIAL CREMATION, OR REMOVAL  | Manner of injury  |
| Place Who Date Nee 29, 1932  | Nature of injury  |
| 19. UNDERTAKER DEALS SLAND, MD.  | 24. Wes disease er injury In any way related to occupation of deceased?   |
| 20. FILED Le 29, 1937 Rosa Welster Registrar.  | (Signed) Address) M. D. (Address) M. D. M. D.   |
| If more blanks are needed address State Registrar  | 2417 N. Charles Street Baltimore Requesting 7) S. No. 1   |

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: Example I

| 153  | ample 1  | /             | Example 11   |                           |
|--|--|---------------|--|---------------------------|
| The principal cause of dea of importance were as follo<br>Arteriosclerosis | th and related causes<br>ws: AN 5 1933   | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of cpilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | BURRAU V.  | 5 1921        | Run over by street car   | 1 week ago                |
| Cercbral hemorrhage  | المراجعة الم | July 5, 1927  | Peritonitis  | 3 days ago                |
| Other contributory causes  | of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   |  | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |  |               |  |                           |

|  | 0.69 |  |
|--|------|--|

Evample II

| STATE OF MARYLAND—  | -CERTIFICATE OF DEATH 13553   |
|---|---|
| 1. PLACE OF DEATH   | (3)   |
| County Somewest   | Registration Dist. No. 260  |
| Village or City Revers Cure   | NoSt.,Ward  |
|   | If death occurred in a horpital or institution, give its NAME instead of street and number)  isds. How long in U.S. if of foreign birth?yrsmosds.   |
| La DAI O. The   | 3. 104 tolig in 5.5.1 of foldigit bifting 15.5.1  |
| 2. FULL NAME SOUTH /V:  |   |
| (a) Residence: No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| S., SEX  COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, ORDIVORCED ("agrie the word)               | 21. DATE OF DEATH Cleuber / 3 193 (Year)  |
| 5a. If married, widowed, or divorced<br>HUSBAND of  | 22. A HEREBY CERTIFY hat I attended deceased from   |
| (or) WIFE of  | 22. CHEREBY CERTIFY That I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year)   | I last saw h. e. alive on Dec 9, 19 3; death is said  |
| 7. AGE Years Months Days If LESS than   | to have occurred on the date stated above, at 6.30 00m.   |
| 70 3 1 day, hrs   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |
| 8. Trade, profession, or particular kind of work dona, as SPINNER                               | (0)   |
| SAWYER, BOOKKEEPER, atc   | Chous Myhlines ;  |
| Q. Work was done as SII K MITT  |   |
| SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and spant in this |   |
| year) occupation  | Other Contributory Causes of Importance:  |
| 12. BIRTHPLACE (city or town)   |   |
| (State or country)  |   |
| H 13. NAME Souther College  |   |
| 4. BIRTHPLACE (city or town)  | Name of operation   |
|   | What test confirmed diagnosis? Was thara an autopsy? 70   |
|   | 23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?   |
| 5 16. BIRTHPLACE (city or town) The Court (State or country)                                    | Accident, suicide, or homicide?   |
| Heore Cellina   | (Specify of town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.   |
| 17. INFORMANT (Address) (Auce au las  |   |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of injury  |
| Place Collegens Sucking Date 122 16 193.2   | Natura of Injury  |
| 19. UNDERTAKER & Carres VI, Deurien   | 24. Was disease of injury in any way related to occupation of deceased?   |
| (Addiess)   | If so, specify  |
| 20. FILED Dec. 14, 1982 J Swith   | (Signed) M. D.  |
| Registrar.  | (Address) Acceptance of the Address |
| if more blanks are needed, address State Registrat  | r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.

TION is very important.

See instructions on back of certificate.

should state

PHYSICIANS

Exact statement of OCCUPA-

| FOR       |
|-----------|
| RESERVED  |
| MARGIN RI |
| E E       |

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH  | (31)   |
|--|--|
| County Domesset  | Registration Dist. No. 26/264  |
| Village or City Misloni  | No. St., Ward  |
|  | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Lambert Moley C   |  |
| (a) Residence: No. Ursland Drd (Usual place of abode)  | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  | 21. DATE OF DEATH  (Month)  (Day)  (Year)  |
| 5a. If married, widowad, or divorced HUSBAND-of (or) WIFE of Bell Bell   | 22. I HEREBY CERTIFY. That I attended deceased from  Aug. 24, 1932, to See 31, 1932.   |
| 6. DATE OF BIRTH (month, day, and year) June 15. 1853.   | I last saw h alive on & 8.0, 19.2.; death is said  |
| 7. AGE Years Months Days If LESS than 1 day,   | to have occurred on the date stated above, at 2m.  |
| /9. 6 /6- ormin.   | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:   |
| 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  | Ment Del 7 New Y. Dus 22   |
| Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and the company of the | immeles Oseumica   |
| 9. Industry or business in which work was dona, as SILK MILL, Produce Busher   |  |
| 10. Date deceased last worked at this occupation (month and the 20 year) spent in this occupation occupation   |  |
|  | Other Contributory Causes of Importance:   |
| 12. BIRTHPLACE (city or town) 22 & (State or country)  | Chine Out repuls   |
| 13. NAME Plijorg C. Cop.   | - Town I produced to   |
| 13. NAME LLIGHT COP.  14. BIRTHPLACE (city or town) DOLD.  | Name of operation Date of  |
| (State of country)   | What test confirmed diegnosis? Was thara an autopsy?   |
| 15. MAIDEN NAME Orolyn Mus   | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| 15. MAIDEN NAME Consolon Muio  16. BIRTHPLACE (city or town) - 22 - 4.  (State or country)   | Accident, suicide, or homicida?  |
| 17. INFORMANT In Bell 13 Corp. (Address) Mathieu   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.                           |
| 18. BURIAL, CREMATION, OR REMOVAL Place Tourising growth 17, 1933  | Manner of injury   |
| 19. UNDERTAKER D. Lauport  | 24. Was disease or Injury in any way related to occupation of deceased?  |
| (Address) Crisfield day  | If so, specify   |
| 20. FILED 17/3/, 1937 Gurelia la tauxou  | (Signed) Service Quellance M. D.  (Address) massan Died  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| 8             | Example II   |   |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset   |
| 1915          | Attack of epilepsy   | 1 week ago  |
| 1921          | Run over by street car   | 1 week ago  |
| July 5,1927   | Peritonitis  | 3 days ago  |
|               |  |   |
|               | Other contributory causes of importance:                                       |   |
| May 1,1923    | Gastroenteritis  | 1 year  |
|               |  |   |
|               | 1915<br>1921<br>July 5,1927  | Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy 1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance: |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 wcek ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage JAN A  | July 5,1927   | Peritonitis  | 3 days ago    |
| RUREAU V.S.  |               |  |               |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

PHYSICIANS should state

EXACTLY.

stated

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

properly classified.

certificate.

See instructions on back of

of OCCUPA.

Exact statement

N. B.—WRITE PLAINLY,

# STATE OF MARYLAND-CERTIFICATE OF DEATH

| 10   | 0,   | pu | 0 | 0  |
|------|------|----|---|----|
| -7   | 03   | () | 6 | 13 |
| - 45 | 1.00 | 20 | 0 |    |

| 1. PLACE OF DEATH  | at  | (08)   |                          |                            |
|--|---|--|--------------------------|----------------------------|
| County Pome  | ise   |  | Registration Dist. N     | 0. 265                     |
| Village or City  | CORPORA   | TENDIMITS OF   |                          | St Ward                    |
| Length of residence in city or town where death  |   | death occurred in a hospital or institution,  ds. How long in U.S. if of for |                          |                            |
| 2. FULL NAME Here  | - Ole #3  | 19   |                          |                            |
| (a) Residence: No. Marghend  | Parts   | St., Ward.   |                          |                            |
|  | (Usual place of abode)                                    | ot,waiu.   | If nonresident give city | or Iown and State          |
| PERSONAL AND STATISTICA  | L PARTICULARS   | MEDICAL CER  | TIFICATE OF              | DEATH                      |
|  | SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word) | 21. DATE OF DEATH  | Jec, 2                   | 4 th 1932                  |
| 5a. If married, widowed, or divorced HUSBAND of  | 2460  | 22 A LUEDERY C   | EDTIEV TO                | t I attended deceased from |
| (or) WIFE of   | · Marci   | 10ch 52  | 32 10 1 21               | attended deceased from     |
| 6. DATE OF BIRTH (month, day, and year) Que  | 12 4 1896   | I last saw h alive on  | Ee 24                    | 1982 death is said         |
| 7. AGE Years Months  | Deys If LESS then   | to have occurred on the date stated abo                                      | ove, at 11 45 P. m.      |                            |
| 36 4   | 2   1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH or were as follows:                             | nd related causos of Imp |                            |
| 8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end | ent Eastern   | Double )   | D Moor                   | Date of onset              |
| 9 Industry or business in which work wes done, as SILK MILL,   |   | P  |                          |                            |
| SAW MILL, BANK, etc  | 11. Total time (years)                                    | moure  | ours                     |                            |
| this occupation (month end   | spent in this   |  |                          |                            |
| 12. BIRTHPLACE (city or town)  |   | Other Contributed Conses of important  | ce:                      | ten                        |
| (State or country)   | ~?  | De 1. 10 Par (   | 1000                     |                            |
| 13. NAME Samuel A.   | Hill.   |  | 1                        |                            |
| 13. NAME AMELY 14. BIRTHPLACE (city or town)   | 10  | Name of operation  |                          | Date of                    |
| (State of country)   | leci,   | What test confirmed diagnosis?   | γ                        | Ves there an autopsy?      |
| 15. MAIDEN NAME SALVE  | Javes   | 23. If death was due to external causes (                                    |                          |                            |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)   | 100   | Accident, suicide, or homicide?  | Date of i                | njury, 19                  |
| (State or country)   | 10 7000   | Whera did injury occur?  | Specify city or town, co | ounly and State)           |
| 17. INFORMANT MAD, MIREQ (Address)   | of Tell   | Specify whether injury occurred in INI                                       | OUSTRY, in HDME, or i    | n PUBLIC PLACE.            |
| 18. BURIAL, OREMATION, OR REMOVAL  | O noth  | Manner of injury   |                          |                            |
| Place Market Calletter, Da   | ite \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                  | Nature of injury   |                          |                            |
| 19. UNDERTAKER ON TOUR   | Richal And  | 24. Was divease at logury in any way re                                      | lated to occupation of   | deceased?                  |
| 20 FILED D&. 27 1932 C.  | E. Colling  | (Signed)   | 10                       | M. D.                      |
|  | Registrar.  | (Address) (1)/LL   | Mullo                    | 11US                       |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  | # A 15 a a a a a a a a a a a a a a a a a a | Example II   |               |  |
|--|--|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset                              | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915                                       | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921                                       | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927                                | Peritonitis  | 3 days ago    |  |
| BUREAU V.S.  |  |  |               |  |
| Other contributory causes of importance:                                       |  | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923                                 | Gastroenteritis  | 1 year        |  |
|  |  |  |               |  |
|  |  |  |               |  |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

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STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH item of should Registration Dist. No. of (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. How long in U.S. if of foreign birth? statement RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) NENT (Month) (Year) 5a. If married, widowed, or divorced BINDIN HUSBAND of CERTIFY That I attended deceased from (or) WIFE of A certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months If LESS than to have occurred on the date stated above, at... Davs stated The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, may back plnods SAW MILL, BANK, etc .... 10. Date deceased last worked at on 11. Total time (years) this occupation (month and spent in this AGE that occupation ... instructions 12. BIRTHPLACE (city or town MARGIN (State or country supplied. terms, FATHER I3. NAME See 14. BIRTHPLACE (city or town in plain (State or country) efully What test confirmed diagnosis?\_\_\_\_\_ ---- Was there an aulopsy?\_\_\_. MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?... DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?\_\_\_\_ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT very (Address) OF 18, BURIAL CREMATION, OR REMOVAL Manner of injury CAUSE mation TION Nature of injury. 19. UNDERTAKE (Address If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  | 10            | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attock of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cercbrol hemorrhage  | July 5,1927   | Peritonitis  | 3 doys ogo    |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gollstones   | May 1,1923    | Gostroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
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If more blanks are needed, address State Reg

1. PLACE OF DEATH

state

|           | A Company of the Comp | 0000                                     |
|-----------|--|--|
|           | Registration Dist. No. 2   | 0  |
| (If       | No. St., death occurred in a hospital or institution, give its NAME instead of street and no   | Ward                                     |
| Lail      | St., Ward.  If nonresident give city or town and S   | State                                    |
| i i       | MEDICAL CERTIFICATE OF DEATH   |  |
| D.<br>rd) | 21. DATE OF DEATH  Qoe. 9/27  (Month) (Oay)  | 193 <b>2</b> (Year)                      |
| 120       | 1 HEREBY CERTIFY. That I attended of 19 Se, to have occurred on the date stated above, at 19 Se  | eceased from<br>7, 19—2<br>death is seid |
| hrs.      | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:   | Date of onset                            |
|           | Other Coatributory Caases of importance:  Culturally Canadiana   | Melana                                   |
|           | Rumary in ascending rolon Buration.  Name of operation Date of What test confirmed diagnosis?  | (  |
|           | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did Injury occurry  (Specify city or town, county and State Specify whether injury occurred in INDUSTEY, in HOME, or in PUBLIC PLA  | , 19                                     |
| 3~        | Manner of injury   |  |
| v.        | 24. Was disease er injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)   | S M. D.                                  |
| istrar, 2 | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.   | 101                                      |

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | li de la companya de | Example II   |               |
|--|--|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset  | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915   | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921   | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927  | Peritonitis  | 3 days ago    |
| Other contributory causes of important 18  Gallstones  Gallstones              | May 1,1923   | Other contributory causes of importance:  Gastroenteritis                      | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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| 6 DATE OF BIRTH    Composition   Contributory   Con | MARYLAND<br>E OF DEATH  |
|--|---|
| 3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH  ALC  25  (Month)  (Day)  (Year)  7 AGE  If LESS than I day hrs. ds or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  ACCUPATION  10 NAME OF FATHER  ACCUPATION  (Signed)  (Month)  17  I HEREBY CERTIFY, That I and that I last saw h alive en and that dath occurred on tha date stat The CAUSE OF DEATH * was as follows:  (Durstion)  Contributory Secondary  (Signed)  (Signed)  (Signed)  (Address)  (Address)  | Of death assured in   |
| MARRIED. WIDOWED. OR DIVORCED (Write the word)  17 I HEREBY CERTIFY, That I a  192 to  (Month)  (Year)  7 AGE     If LESS than   I day hrs.   I day hrs.  | OF DEATH  |
| If LESS than   day hrs.   day hrs.   The CAUSE OF DEATH * was as follows:   OCCUPATION   (a) Trade, profession or particular kind of work   (b) General nature of industry business, or establishment in which employed or (employer)   One of the country   Ourstion  | , 192,  |
| (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  10 NAME OF FATHER  11 BIRTHPLACE (Signed)  (Signed)  (Signed)  (Address)  |   |
| 10 NAME OF FATHER Stephen maddox (Signad) & 6 Diekinson Die 26 1932 (Address) . My   | yrsde.  |
| OF FATHER  (State or country)  (State or country)  OF FATHER  (State or country)  (State or country)  OF FATHER  (State or country)  Accidental, Suicidal or Homicidal.  | u docal Regn. D.  Lev Farmand  On, or, in deaths from  Injury and (2) Whether |
| 12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (States Country)  14 Place Of death   | oitals, Institutions, Trans-  |
| Where was disease contracted, if not at place of death?  | DATE OF BURIAL  |
| (Address) Miller Atte Micher Arls  15 Filed Dec 26 1982 A.E.Dickinson Registrar Dtehnen Madday red   | ADDRESS ADDRESS   |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

data is essential and must be obtained before the certificate is

permanently filed.

answered in detail, it will prevent further correspondence.

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, taken. For violent deaths state means of injury State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death ktanus) may be stated under the head of "contributory." If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," Never report mere symptoms or terminal condi-Chronic," "Coma," "Convulsions, valvular heart disease; affection need not be etc. The contributory

V. S. No. 1

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 13570   |
|--|--|
| 1. PLACE OF DEATH  |  |
| County Jonness WITHIN CORPOR   |  |
| Village or City Custula  | No. St., / War   |
|  | f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosd  |
| 2 FULL NAME Lauretta 10 mg   | A A-a  |
| (a) Residence: No. Broadway  | CA / W   |
| (d) hesidelice, No. (Usual place of abode)   | St., / Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Wildowy   | 21. DATE OF DEATH / 2 30 ,193 ~ (Month) (Day) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Sohn J. Moson  | 22.   HEREBY CERTIFY, That I attended deceased fro   |
| 6. DATE OF BIRTH (month, day, and year) Dec. 1, 1847   | I last saw hand alive on 1/2 - 32 , death is sai   |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at  |
| 85 0 29 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  | Circleol Homorrhoge Date of onse   |
| kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (month and |  |
| 10. Date deceased last worked at this occupation (month and 900 spent in this occupation year)   |  |
| 12. BIRTHPLACE (city or town) Occurrence (State or country)  | Other Contributory Causes of Importance:  - Authorized to the first of the state of |
| 13. NAME James Thomas  |  |
| 13. NAME James Thomas  14. BIRTHPLACE (city or town)   | Name of operation Date of  |
| (State of country)   | What test confirmed diagnosis? Was there an autopsy?   |
| 15. MAIDEN NAME Elizabeth Zerrnen  16. BIRTHPLACE (city or town)   | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| 16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide? Date of injury19   |
| X (State or country)   | Where did injury occur?  |
| 17. INFORMANT Mrs. alice Holland (Address) Cistill Grad  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL  Place Awate Canaly Date Jan, 2, 1933  | Manner of injury   |
| 19. UNDERTAKER John a Bradston (Address)   | 24. Was disease or injury In any way related to occupation of deceased?  |
| 20. FILED Jah. 2, 1933 E Ecolling Registrar.   | (Signed) - Olympia Resident M. (Address) D. A.   |
| - A  | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  | to A time     | Example, II  |                           |  |
|--|---------------|--|---------------------------|--|
| The principal cause of death and related causes of importance were as follows:  Arterioselerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |  |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago                |  |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |  |
|  |               |  |                           |  |

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION is very important.

13571

| 1. PLACE OF DEATH  | - No  |
|--|---|
| County / DMELSET   | Registration Dist. No. 270  |
| Village or City Lin Sector 12  | T. No. St., Ward  |
|  | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME John IV. Miles  |   |
| (a) Residence: No. Lie Lield Mol   | St. Ward.   |
| (a) nesidence. No. / Wsual place of abode)   | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED, OR DIVORCED (write the word)         | 21. DATE OF DEATH DOE 13 th   |
| John Jule Sengle   | (Month) (Day) (Year)  |
| 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of                               | 22. I HEREBY CERTIFY, That I attended dacaasad from   |
| O who does   | Dic 5 1932, 10 Dic 12 1932  |
| 6. DATE OF BIRTH (month, day, and year) Jam 14 1006  | I last saw h alive on Dec 12 , 1922; daath is said  |
| 7. AGE Years Month's Oays If LESS than 1 day,hrs.  | to have occurred on the date stated above, at   |
| φ   /O   2   ormin.  | wara as follows:  |
| 8. Trade, profassion, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. | Osdana Punco De II  |
| 9. Industry or business in which   | want proof  |
| work was dona, as SILK MILL, SAW MILL, BANK, atc   |   |
| - I this occupation (month and   |   |
| year) occupation occupation  | Other Contributory Causes of Importance:  |
| 12. BIRTHPLACE (city or town) (State or country)   | Mal Nutrition   |
|  | Trace our answer  |
| 13. NAME JOHN H. Miles ( 14. BIRTHPLACE (city or town)                                     | Name of operation. Oats of  |
| (Stata of country)   | What test confirmed diagnosis? Was thera an autopsy?  |
| 15. MAIDEN NAME Lovey W. Nelson  16. BIRTHPLACE (city or town)  (State or country)         | 23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:  |
| 16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide?   |
| X (State or country)   | Where did injury occur? (Specify city or town, county and State)  |
| 17. INFORMANT Mrs. Hattee Douglas, (Address)   | Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of Injury  |
| Place Time Journal Date NECL 12 , 1932   | Nature of injury.   |
| 19. UNOERTAKER S Dawsoff Md.   | 24. Was disaase or injury in any way ralated to occupation of decaased?   |
| no suco Dec 15, 32 CE colline  | (Signed) C (C1 hard M.D.  |
| 20. FILED Registrar.   | (Addrass) Pristila  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reguesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  The principal cause of death and related causes of importance were as follows:  Date of onset |                |              | Example II   |                 |  |
|--|----------------|--------------|--|-----------------|--|
|  |                |              | The principal cause of death and related causes of importance were as follows: | 5 Date of onset |  |
| Arteriosclerosis   | F              | 1915         | Attack of epilepsy   | 1 week ago      |  |
| Chronic interstitial nephritis   | 14 7 7 1900    | 1921         | Run over by street car   | 1 week ago      |  |
| Cerebral hemorrhage  |                | July 5, 1927 | Peritonitis  | 3 days ago      |  |
|  | RITIGA         |              |  |                 |  |
|  |                |              |  |                 |  |
| Other contributory causes  | of importance: |              | Other contributory causes of importance:                                       |                 |  |
| Gallstones   |                | May 1,1923   | Gastroenteritis  | 1 year          |  |
|  |                |              |  |                 |  |
|  |                |              |  |                 |  |

| ADDITIONAL SPACE FOR FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------------------|------------|----|-----------|
|------------------------------|------------|----|-----------|

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |  |
|--|--|
|  |  |
|  |  |
|  |  |

# STATE OF MARYLAND—CERTIFICATE OF DEATH 13572

| 1. PLACE OF DEATH  | 4   | (52)  |                 |
|--|---|---|-----------------|
| County Nomerse   | A ?                                       | Registration Dist. No. 27   | 0               |
| Village or City Cristicle  | ×   | NoSt.,  | Ward            |
| Length of residence in city or town where death occurred.            |   | death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth? |                 |
| 2. FULL NAME Job   | Moore.                                    | 1 11-0  |                 |
| (a) Residence: No. // Creed  | ield I                                    | Modest 17 warm 2)   |                 |
| (Usual pl  | ace of abode)                             | If nonresident give city or town and  | d State         |
| PERSONAL AND STATISTICAL PAR   | TICULARS                                  | MEDICAL CERTIFICATE OF DEATH  |                 |
|  | MARRIED, WIDOWED, RCED (write the word)   | 21. DATE OF DEATH Dec. 25   | , 193 7         |
| 5a. If married, widowed, or divorced HUSBAND of                      | and.                                      |   | (1001)          |
| (or) WIFE of   |   | 22. I HEREBY CERTIFY, That I attended   |                 |
| Mare   | 25 th 1850                                | I last saw have alive on 12 2 24 1937   |                 |
| 6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days | If LESS than                              | to have occurred on the date stated above, at 239 P.m.  | , death is said |
| 82 7   | 1 day,hrs.                                | The PRINCIPAL CAUSE OF DEATH and related causes of Importance   |                 |
| 8. Trade, profession, or particular                                  | 1 01                                      | were as follows:  | Date of enset   |
| kind of work done, es SPINNER, Waterm<br>SAWYER, BODKKEEPER, etc     | call o                                    |   |                 |
| 9. Industry or business in which work was done, es SILK MILL         | Water                                     |   |                 |
| SAW MILL, BANK, etc. Lalering U                                      | tal time (verse)                          |   |                 |
|  | tal time (years) spent in this occupation |   |                 |
| Domesse  | X-Con                                     | Other Contributary Causes of importance:  |                 |
| 12. BIRTHPLACE (city or town) (State or country)                     | od.                                       |   | -               |
| II 13. NAME SOF MOORE  |   |   |                 |
| 14. BIRTHPLACE (city grtown)   | 1   | Name of operation   |                 |
| (State or country)   | 1 0                                       | What test confirmed diagnosis? Was there en   |                 |
| E 15. MAIDEN NAME Dalle The  | Theing                                    | 23. If death was due to external causes (VIOL ENCE) fill in elso the followin   | ig:             |
| 16. BIRTHPLACE (city or town)  | 1   | Accident, suicide, or homicide? Date of injury  | , 19            |
| ∑ (State or country)   | 1 /                                       | Where did injury occur?(Specify city or town, county and Sta  |                 |
| 17. INFORMANT MAN: MERCHER (Address)  Carry Color                    | Moore                                     | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PI   | LACE.           |
| 18. BURIAL, CREMATION, OR REMOVAL                                    | 200                                       | Manner of injury  |                 |
| Place Covery Could y Date A  | ec, 2/ ,1932                              | Nature of injury  |                 |
| 19. UNDERTAKER To De Liante  | De Mol                                    | 24. Was disease or injury in any way related to occupation of deceased?   |                 |
| 1 Dec. 17 32 C 5/C   | relins                                    | (Signed) of all Rouse   | M. D.           |
| 20. 110  | Registrar.                                | (Address) Cheshel   | D-MED.          |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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| Example I  | 11            | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| A SEAU VIII  |               |  |               |  |
| Other contributory causes of importance:                                       | -TEW ISSE     | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

| CIAN | N   |
|------|-----|
|      | CIA |

FOR BINDING

MARGIN RESERVED

V. S. No. 1

| County  | Somerset  |   | Paristation 2:1 # 270  |                         |  |
|---|---|---|--|-------------------------|--|
|   | City Hopewell   |   | Registration Dist. No. 270   |                         |  |
|   |   | (   | No. St.,  If death occurred in a hospital or institution, give its NAME instead of street and n s. How long in U.S. if of foreign birth? yrs. mo | Ward<br>number)<br>osds |  |
| 2. FULL NA  | AME Dor   | othy M. Murrie  | 1  |                         |  |
| (a) Reside  | nce: No. Hope   | Well (Usual place of abode)                               | St., Ward.  If nonresident give city or town and   | State                   |  |
|   | NAL AND STATISTIC   | AL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |                         |  |
| 3. SEX<br>Female  | 4. COLOR OR RACE S  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Born dead Dec. 9 (Month) (Day)   | , 193 2<br>(Year)       |  |
| 5a. If married, wido<br>HUSBAND of                                | wed, or divorced  |   |  | 153117                  |  |
| (or) WIFE of  | None  |   | 22. I HEREBY CERTIFY, That I attended of   |                         |  |
| 6. DATE OF BIRTH  | (month, day, and year) De   | c. 9, 1932  | I last saw h alive on  |                         |  |
|   | ears Months   | Days   If LESS than   1 day, Ohrs.   ormin.               | to have occurred on the date stated above, atm_  |                         |  |
| 8 Trade prof.   | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (month) and this proposition (month) and this proposition (month) and the second in this seco |   | No physician in attendance.  |                         |  |
| Industry or work w  |   |   | Midwife states cause unknown. Thinks child was dead several  |                         |  |
|   | sed last worked at<br>upation (month and  | 11. Total time (years) spent in this occupation           | hours before born.   |                         |  |
| 12. BIRTHPLACE (c) (State or con                                  | ity or town) Hopewel  |   | Other Coutributory Causes of importance:   |                         |  |
| 1   | Sam. Leven Me   | rriel   |  |                         |  |
| 14. BIRTHPLAC   | E (city or town) Cur  |   | Name of operation  |                         |  |
| 15. MAIDEN N  | AME Carrie Fra  | ances Pettic  | What test confirmed diagnosis? Was there an at   |                         |  |
| 16. BIRTHPLACE (city or town) Curtis, Maryland (State or country) |   | is, Maryland  | 23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?                                 |                         |  |
| 17. INFORMANT<br>(Address)  | Mrs. Emma R<br>Crisfie  |   | (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA                                   | CE.                     |  |
|   | TION, OR REMOVAL  | Date Dec . 9 ,19 32                                       | Manner of injury   |                         |  |
| 19. UNDERTAKER (Address)  | John A. Brad<br>Crisfield   | lshaw   | 24. Was disease or injury in any way related to occupation of deceased? No   |                         |  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. November

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|            |       |     |         |            |    |           |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, ż

V. S. No. 1

| 1. PLACE OF DEATH  County Somerset WITHIN CORPORATE LIMITS OF Registration Dist. No. 26  Village or City Cristiand No. St.,  (If death occurred in a hospital or institution, give its NAME instead of street and nu Length of residence in city or town where death occurred yrs, mos. ds. How long in U.S. If of foralgo birth? yrs, mos.  2. FULL NAME Auty Kent Nickens  (a) Residence: No. 212-Ly Ave St., Ward.  | Ward          |
|--|---------------|
| Village or City Cristiand  No.  (If death occurred in a hospital or institution, give its NAME instead of street and nu Length of residence in city or town where death occurred yrs.  The standard in a hospital or institution, give its NAME instead of street and nu length of residence in city or town where death occurred yrs.  The standard in a hospital or institution, give its NAME instead of street and nu length of residence in city or town where death occurred yrs.  The standard in a hospital or institution, give its NAME instead of street and nu length of residence in city or town where death occurred yrs.  The standard in a hospital or institution, give its NAME instead of street and nu length of residence in city or town where death occurred yrs.  The standard in a hospital or institution, give its NAME instead of street and nu length of residence in city or town where death occurred yrs.  The standard in a hospital or institution, give its NAME instead of street and nu length of residence in city or town where death occurred yrs.  The standard in a hospital or institution, give its NAME instead of street and nu length of residence in city or town where death occurred yrs.  The standard in a hospital or institution, give its NAME instead of street and nu length of residence in city or town where death occurred yrs.  The standard in a hospital or institution, give its NAME instead of street and nu length of residence in city or town where death occurred yrs.  The standard in a hospital or institution, give its NAME instead of street and nu length of residence in city or town where death occurred yrs.  The standard in a hospital or institution, give its NAME instead of street and nu length of residence in city or town where death occurred yrs.  The standard in a hospital or institution in the standard in | mber)         |
| Village or City Cristield  No. St., (If death occurred in a hospital or institution, give its NAME instead of street and nu Length of residence in city or town where death occurred yrs, mos. ds. How long in U.S. If of foralgn birth?  2. FULL NAME  OFF OFF OFF OFF OFF OFF OFF OFF OFF OF   | mber)         |
| (If death occurred in a hospital or institution, give its NAME instead of street and nu Length of residence in city or town where death occurred   | mber)         |
| 2. FULL NAME LOLLY Kent Nickens  |               |
| G2-  |               |
|  |               |
| (a) Residence: No. L/L V AVY St., Ward.  (Usual place of abode) If nonresident give city or town and S   | late          |
| PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH  |               |
| 3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  1. SEX  (Month) (Day)  | 193 2         |
| 5a. If married, widowed, or divofced   | (Year)        |
| (or) WIFE of 1 HEREBY CERTIFY, That t ettanded de  |               |
| 6. DATE OF BIRTH (month, day, and year) Sept. 16 1932   last saw h. Line aliva on Dec. 4 1932  | , 19.3.2-     |
| 7. AGE Years Months Deys If LESS than to have occurred on the data stated abova, at 150 Pm.  | deeth is said |
| 2 I day,hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:  |               |
| 9 Trade profession or particular   | Date of onset |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  | Manufact      |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decaasad lest worked at this pregnation (month) and   |               |
| 10. Date decaasad lest worked at 11. Total time (yaars)  |               |
| year) occupation   |               |
| 12. BIRTHPLACE (city or town) Cristiand Other Contributory Conses of importance:   |               |
| (State or country)   |               |
| 13. NAME 103 COE Nickens  14. BIRTHPLACE (city or town) Lancaster Name of operation Data of  |               |
| 14. BIRTHPLACE (city or town) Lancaster Name of operation Data of  |               |
| (State of country) Va What test confirmed diagnosis? 24004 Was there an aut  | opsy?         |
| 15. MAIDEN NAME Flora E/Z-ey 23. If death was due to external causes (VIOLENCE) fill in also the following:  |               |
| 15. MAIDEN NAME Flora Elzey  16. BIRTHPLACE (city or town)  (State or country)  23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?  Date of injury   | , 19          |
|  |               |
| 17. INFORMANT POSCOR Nickenson Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Address) (Specify city or town, county and State)  Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Address)   | E.            |
| 18. BURIAL, CREMATION, OR REMOVAL  Mannar of Injury  | *********     |
| Place Lawson in Cen Date Dec 6, 19 32 Nature of injury   |               |
| 19. UNDERTAKER John a Brodston 24. Was disaasa or Injury in any way ralatad to occupation of daceased? W   | 7             |
| 20. FILED Dec. 6, 132 E Ecollins (Signad) Saule Mr. Pay ton  | M. D.         |
| Registrar. (Address)   |               |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

ż

(Address)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

| 1. PLACE ( County Village or  | DEPEATH  | t on AD.  | Registration Dist. No. Seath occurred in a horpital or institution, give its NAME instead of stree   | 2 <i>70</i>            |
|---|--|---|--|------------------------|
| Length of re  2. FULL NA  (a) Reside  | AME Nobes  |   | cds. How long in U.S. if of foreign birth?yrs  St., Ward.  If nonresident give city or tow   | mos                    |
| PERSO   | NAL AND STATIS   | FICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEA   | ТН                     |
| 3. SEX m  | 1. COLOR OR RACE Negro   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH Dec (3 (Month) (Day)   | 193 <b>Z</b><br>(Year) |
| 7. AGE  ANOLY  NOLY  Sa Trade, prol kind of SAWYE  9. Industry or work w SAW M 10. Date decee | ression, or particular work done, as SPINNER, R. BOOKKEEPER, etc  business in which has done, as SILK MILL, IILL, BANK, etc  seed last worked at cupation (month and city or town) | Porsey fmith  Polys If LESS than 1 day,hrs. ormin.  Follow  Form  11. Total time (years) spant in this occupation rothe | 22. I HEREBY CERTIFY, That I attermine the contributory Causes of importance:  1 I last saw harmonic and the date stated above, at 3. m. 19 to have occurred on the date stated above, at 3. m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  2 August 2 | , 19; death is s       |
| 13. NAME  | Anh  | nown /  |  |                        |
| I4. BIRTHPLA  | CE (city or town)or country)   | /1  | Name of operation Dat What test confirmed diagnosis? Was the   | e of                   |
|   | CE (ofty or town)  | Minory  | 23. If death was due to external causes (VIOLENCE) fill in also the followed Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county at   | llowing:<br>, 19       |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of injury 24. Was disease or injury In

If so, specify (Signed)

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

|               | Example II   |  |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset  |
| 1915          | Attack of epilepsy   | 1 weck ago   |
| 1921          | Run over by street car   | 1 week ago   |
| July 5,1927   | Perilonitis  | 3 days ago   |
|               |  |  |
|               | Other contributory causes of importance:                                       |  |
| May 1,1923    | Gastrocnteritis  | 1 year   |
|               |  |  |
|               |  |  |
|               | 1915<br>1921<br>July 5,1927  | of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance: |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| STATE O  | F MARYLAND-   | -CERTIFICATE OF DEATH 1357   |
|--|---|--|
| 1. PLACE OF DEATH  |   | 207-9  |
| County Someret   | ·   | Registration Dist. No. 260   |
| Village or City  | reek  | No. St.,   |
| Length of residence in city or town where de   |   | (If death occurred in a horpital or institution, give its NAME instead of street and number)   |
| 2. FULL NAME Boh   | Sutton  | 300000000000000000000000000000000000000  |
| (a) Residence: No.   |   | St., Ward.   |
| (a) hesidence. No.   | (Usual place of abode)                                    | If nonresident give city or town and State   |
| PERSONAL AND STATISTIC   | CAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| Male Colored   | 5. SINGLE, MARRIED, WIDOWED, OK DIVORCED (write the word) | 21. DATE OF DEATH Cluber 551 (Yas) (Yas) (Yas)   |
| 5a. If married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of   |   | 22. I HEREBY CERTIFY, That Lattended deceased  |
| W  | 16  |  |
| 6. DATE OF BIRTH (month, day, and year)  | of Rusing   | I last saw h aliva on ,19 ; death i  |
| AGE Years Months   | Days If LESS than   | to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance                           |
| ( robably 40   | ormin.  | were as follows:   |
| 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.   | borer   | Truck for hais   |
| 9. Industry or business in which   | 22  | Mccidely Body  |
| kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Hidustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. |   | tadly thoughed   |
| 10. Data deceased last worked at this occupation (month and year)  | 11. Total time (years) spent in this occupation           |  |
| 7. 5   | - Oct, apation  | Other Contributory Causes of Importance  |
| 12. BIRTHPLACE (city or town) (State or country)   | Recovery  | Itease do rios ask or more   |
| 13. NAME NOTE  | chowy   | Letter set and Come  |
| 14. BIRTHPLACE (city or town)  | he !  | Name of paration   |
| (State or country)   | Kurw  | What test confirmed diagnosis?   |
| 15. MAIDEN NAME  | Tenowy  | 23. If death was due to external causes (VIOL ENCE) fill In also the following:  |
| 16. BIRTHPLACE (city or town) (State or country)   | 1 kum   | Accident, suicide, or homicide?, Date of injury, 19_   |
| 17. INFORMANT (Address)  |   | Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE |
| 18. BURIAL, CREMATION, OR REMOVAL Place Almshouse  | Date 1020 26, 1932  | Manner of injury   |
| 19. UNDERTAKER James 9, D. (Address) Populars a  | une md.   | 24. Was disease or injury in any way related to occupation of deceased?  If so, specify  |
| 20. FILED Dec. 26, 132 7.  | I Smith<br>Registrar.                                     | (Signed) Musy Mark Comments (Address)  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis RECEVE  | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street ear   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| BURRAU V.S.  |               |  |               |
| Other contributory causes of importance:                                       | A 944         | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. I MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE  | OF MARYLAND-  | CERTIFICATE OF DEATH  | - 14                |
|--|---|---|---------------------|
| 1. PLACE OF DEATH County Somerse   | <i>t</i> —  | (31)  |                     |
| Village or City Crest  | ild   | Registration Dist. No. St.  | Ward                |
| Length of residence in city or town where  | death occurred >9 vrs mo                                  | f death occurred in a hospital or institution, give its NAME instead of street and numbers  | er)                 |
| 2. FULL NAME Seo   | nard Smith  | Tayen   | us                  |
| (a) Residence: No. So. S   | (Usual place of abode)                                    | St., Ward.  If nonresident give city or town and State  |                     |
| PERSONAL AND STATIST   | TICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |                     |
| 3. SEX M 4. COLOR OF RACE  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Oay) (Month) (Oay)   |                     |
| 5a. If married, widowed, or divorced<br>HUSBANO of<br>(or) WIFE of   | 1 & Toures  | 22.   HEREBY CERTIFY, That I attended decea   | (Year)<br>used from |
| 6. DATE OF BIRTH (month, day, and year)  | not 2 1853  | 1   1   1   1   1   1   1   1   1   1   | 1952                |
| 7. AGE Years Months  | Days If LESS than   | to have occurred on the date stated above, et   | ith is said         |
| 79 2   | I dey,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  |                     |
| 8. Trade, profession, or particular kind of work done, as SPINNER  | eticid  |   | 428                 |
| SAWYER, BOOKKEEPER, etc  | a Captain   |   |                     |
| kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (month and |   |   |                     |
| this occupation (month and year)   | II. Total time (years) spent in this occupation           |   |                     |
| t2. BIRTHPLACE (city or town) acco   | mac County  | Other Contributory Causes of Importance:  |                     |
| (State or country)   | Va  | Clima Summerselis   |                     |
| 13. NAME Henry  14. BIRTHPLACE (city or town)  | Toine   |   |                     |
| 14. BIRTHPLACE (city or town) (State or country)   | refiled   | Name of operation 773° Oate of  |                     |
| 15. MAIOEN NAME E liga   | latte Hilled  | What test confirmed diegnosis? Users Was there an autops  | y?                  |
| 16. BIRTHPLACE (city or town) (State or country)   | comoe Cality  | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?                           | 19                  |
| 17. INFORMANT Dr. Ja (Address)   | wed and   | Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |                     |
| 18. BURIAL, CREMATION, OR REMOVAL  | 1000.9  | Manner of injury  |                     |
| Place CG   | 0ate 0 1, 19 3 2  | Neture of injury  |                     |
| 19. UNDERTAKER   | codstan   | 24. Was disease or injury in any way related to occupation of deceased?   |                     |
| (Address)//  | fill and  | If so enacify   |                     |
| 20. FILED Dec. 9 to 32   | excolling   | (Signed) Levrey Coullness   | M. O                |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| BURRE  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

MARGIN RESERVED FOR BINDING

V. S. No. 1

| 1. PLACE OF DEATH  | CERTIFICATE OF DEATH 135.8   |
|--|--|
| County Somerset  | Registration Dist. No. 26/   |
| Village or City Kingston   | No. St., Ward  |
| 3 (16  | death occurred in a hospital or institution, give its NAME instead of street and number)                                   |
| Length of residence in city or town where death occurredyrs,mos              | . / O_ds. How long in U.S. if of foreign birth?yrs,mosds.  |
| 2. FULL NAME Juntal Stomas   |  |
| (a) Residence: No. (Usual place of abode)                                    | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)                         | 21. DATE OF DEATH  (Month)  (Day)  (Year)  |
| 5a. It married, widowed, or divorced HUSBAND ot                              | 22. I HEREBY CERTIFY, That I attended deceased from  |
| (or) WIFE of   | 19 to  |
| 6. DATE OF BIRTH (month, day, and year) Pug. 11 1932                         | I last saw h; death is sald  |
| 7. AGE Years Months Days If LESS than  | fo have occurred on tha date stated above, atA_x_m.  |
| 8. Trade, profession, or particular  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: www. https://www. allendance. Date of onset |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.                      | Brandial Premiana non  |
| Industry or business in which  | 27   |
| work was done, as SILK MILL,<br>SAW MILL, BANK, etc                          | 1472   |
| 10. Date daceased last worked at this occupation (month and year) occupation |  |
| year) occupation   | Other Contributary Causes of importance;   |
| 12. BIRTHPLACE (city or town) (Stata or country)                             | as. Brought horso  |
|  | 1937   |
|  |  |
| 14. BIRTHPLACE (city or town) (State or country)                             | Name of operation Date of What test confirmed diagnosis? Was there an autopsy?   |
| 15. MAIDEN NAME Helen Tull   | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)                               | Accident, suicide, or homicide? Date of injury19   |
| ≤ (State or country)   | Where did injury occur?  |
| 17. INFORMANT Charlie Thomas (Address) Kingston Most                         | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.         |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury   |
| Place Mangalon Churchen Date Dec. 2, 1932                                    | Natura of injury   |
| 19. UNDERTAKER Sha a Dadahan (Address)                                       | 24. Was disease or injury in any way related to occupation of deceased?  |
|  | If so, specify (Signed) & E le all M. D.   |
| 20. FILED DEC. 19 33 Junilia Galleria.  Registrar.                           | (Address) lensfield Mr   |

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |               |
| Mary.  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| ADDITIONAL SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------|-----|---------|------------|----|-----------|
|------------------|-----|---------|------------|----|-----------|

V. S. No. 1

| STATE | OF | MARYI | AND-  | CERTIFI | CATE  | OF | DEAT |
|-------|----|-------|-------|---------|-------|----|------|
|       |    |       | .AIVD | CEIVIII | CITIL |    |      |

135.9

| 1. PLACE  | OF DEATH  |                |                                    |                                    | - $(3)$   |   |
|---|---|----------------|------------------------------------|------------------------------------|---|---|
| County  | Somerset  |                |                                    |                                    | Registration Dist. No. 26   | 0                                       |
| PA 1151   | city Princ  |                |                                    |                                    | No. St., death occurred in a hospital or institution, give its NAME instead of street and numb. ds. How long in U.S. if of foreign birth?   |   |
| 2. FULL N   | AME Wil   | liam :         | dward                              | Vaddy                              |   |   |
|   | lence: No.  |                | (Usual place                       |                                    | St., Ward.  If nonresident give city or town and State  | e                                       |
| PERSO   | NAL AND ST  | ATISTICA       |                                    |                                    | MEDICAL CERTIFICATE OF DEATH  | *************************************** |
| 3. SEX<br>Male                                    | 4. COLOR OR R.<br>White   | ACE 5.         | SINGLE, MAR<br>OR DIVORCE<br>Marri | RIED, WIDOWED. D (zurite the word) | 21. DATE OF DEATH December 11 (Day)   | 3 <b>2</b><br>(Year)                    |
| 5a. If married, wid<br>HUSBAND of<br>(or) WIFE of | Mrs.Ann   |                |                                    |                                    | 22. I HEREBY CERTIFY, That I attended dece  November 1931 to December 11  Ilast saw h im alive on December 10, 1932 de  | 1932                                    |
| 7. AGE  | 74  | onths 8        | Days<br>2                          | If LESS than 1 day,hrs. ormin.     | to have occurred on the date stated above, at 5 P.M.e.  The PRINCIPAL CAUSE OF DEATH and related causes of importance   | ath is said                             |
| SAWY 9. Industry 6 Work SAW 10: Date dece         | ofession, or particular if work done, as SPIN ER, BOOKKEPER, etc. or business in which was done, as SILK MILL MILL, BANK, etc |                | I1. Total t                        | ime (years)<br>nt in this          | Chronic Nephritis   | ?                                       |
| 12. BIRTHPLACE (State or c                        | (city or town) Vi   | rgini          |                                    | upation                            | Other Coutributory Causes of importance:  |   |
| 13. NAME  | William   | Edward         | d Wadd                             | iy                                 |   |   |
|   | CE (city or town)   | irgin          | ia                                 |                                    | Name ef operation Date of   |   |
|   | NAME Mary   | Criff          | ith                                |                                    | What test confirmed diagnosis? Was there an autop   | sy?NQ                                   |
| 16. BIRTHPLA (Stata                               | CE (city or town) Vor country)  | irgin<br>laddy | ia                                 |                                    | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | , 19                                    |
| (Address) 18. BURIAL, CREM                        | Prince  |                | 0                                  | c/3,1932                           | Manner of injury  |   |
| 19. UNDERTAKER (Address) 20. FILED                | M. F. M. Pris   | Value          | au                                 | Pores Md                           | 24. Was disease or injury in any way related to occupation of deceased? NO  If so, specify  (Signed)  (Address)  Princess Anne Mary Lary  | M. D.                                   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Cercbral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

BINDING

FOR

MARGIN RESERVED

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|--|---------------|--|---------------|
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| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
|  |               |  | -10%          |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  | 1             |  |               |

V.S. No. 1 MARGIN RESERVED FOR BINDING MARGIN RESERVED NR. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

| te A.  | STATE OF MARYLAND—   | CERTIFICATE OF DEATH   |
|--|--|--|
| state<br>UPA.                                | 1. PLACE OF DEATH  |  |
| ould<br>OCC                                  | County Vorgerss!   | Registration Dist. No.   |
|  | Village or City DEALS ISLAND, MD.  | No. St, Ward   |
|  | Length of residence in city or town where death occurred, yrsmos   | death occurred in a hospital or institution, give its NAME instead of street and number)  As. How long in U.S. if of foreign birth?mrsmosds.   |
| AN   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |
| PHYSICIANS<br>act statement                  | 2. FULL NAME XXXV 17. VY XX  |  |
| YS   | (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State   |
| PH   | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| X.   | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWSD, OR DIVORCED (with word)   | 21. DATE OF DEATH DEC 15 1932 193 (Yoar)   |
| A C T L assifted.                            | 5a, If married, widowed, or divorced<br>HUSBAND of   | 22, OI HEREBY CERTIFY That I attended deceased from  |
| A  | (or) WIFE of   | 1)el 14 1937 do 1) el. 16 1932   |
| X D .  | 6. DATE OF BIRTH (month, day, and year) Feb 4 1920   | I last saw h- Log alive on Jef 16  |
| 2 2  | 7. AGE Years Months Days If LES than   | to have occurred on the date stated above, at 3.43 pm.   |
| stated<br>proper<br>ertific                  | or min.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:   |
| be s<br>be p<br>of ce                        | 8. Trade, profession, or particular kind of work done, as SPINNER.   | Lannaral Detalling   |
|  | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  SINDUSTRY OF DUSINESS in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and   | The second of th |
| should<br>it may<br>in back                  | work was done, as SILK MILL, SAW MILL, BANK, etc.  |  |
| sh<br>it                                     | 10. Date deceased last worked at this occupation (month and spent in this  |  |
|  | year) occupation   | Other Captributory Causes of importance;   |
| oplied. AGE<br>erms, so that<br>instructions | 12. BIRTHPLACE (city or town) DEALS ISLAND, MD.  | ATT  |
|  | (State or country)   | - August ox season   |
| supplied.<br>n terms,<br>ee instru           | 13. NAME O EMUL WELLS  14. BIRTHPLACE (city or town) DEALS ISLAND, MD.   | -  |
| sul<br>in t                                  | 14. BIRTHPLACE (city or town) DEALS ISLAND, MD. (State or country)   | Name of operation  |
| ll y   |  | What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| be carefully<br>EATH in pla<br>important.    | I TO TO THE TOTAL THE TOTA | Accident, sulcide, or homicide?  |
| should be car<br>OF DEATH<br>very import     | State or country)  | Where did Injury occur?  |
|  | 17, INFORMANT  | (Specify city or town, county and Stata) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |
| should<br>OF D                               | (Address) A AVI A DIMI   |  |
| she<br>E O<br>is v                           | 18. BURIAL, CREMATION, OR REMOVAL  | Manner of Injury   |
|  | Place Date Date 16 ,19.32  | Nature of Injury.  |
| mation s<br>CAUSE<br>TION is                 | 19. UNDERTAKER OVELS ! Mebiles.  | 24. Was disease er injury in any way related to occupation of deceased?  |
|  | (Address) Deale loland med   | If so, specify   |
|  | 20. FILED Je 16 , 1932 dora Welle  | (Signed) DEALS ISLAND MD   |
|  | Registrar.  If more blanks are needed, address State Registrar.  | (Address) UFALS ISLAND, MD   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Questiou 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| JAN 5 1933   |               |  |               |
| Other contributory causes of importance:                                       | May 1,1923    | Other contributory causes of importance:                                       |               |
|  | Muy1,1020     | Tuon venuer neo  | 1 year        |
|  |               |  |               |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | $\mathbf{BY}$ | PHYSICIAN |
|------------|-------|-----|---------|------------|---------------|-----------|
|------------|-------|-----|---------|------------|---------------|-----------|

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEAT should County Registration Dist. No. Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Every Length of residence in city or town where death occurred... How long in U, S. if of toreign birth? \_\_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. statement 2. FULL NAME RECORD. (a) Residence: No. Ward. If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) CTL (Year) assified. BINDING 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY That i attended deceased from (or) WIFE of E certificate. 6. DATE OF BtRTH (month, day, and year) properly 7. AGE If LESS than Years Months Days to have occurred on the date stated above, at stated 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as tellows Date of onset 8. Trade, protession, or particular THIS OCCUPATION kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ be MARGIN RESERVED of back 9. Industry or business in which may pinous work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... instructions SO t2. BtRTHPLACE (city or town) \_\_\_\_ (State or country) upplied. FATHER t3. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?\_\_\_\_ Was there an autopsy?\_\_\_\_ fully MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: importani car Accident, sulcide, or homicide?\_\_\_\_\_\_ Date et injury\_\_\_\_\_\_ 19\_\_\_\_ t6. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?\_\_\_\_\_ should be (Specify city or town, county and Stata) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT OF (Address) t8. BURIAL, CREMATION, OR REMOVAL -WRITE AUSE mation Nature of injury\_\_\_\_\_ LION 24. Was disease or injury in any way related to occupation of deceased? **19. UNDERTAKER** (Address) If so, specify Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

|               | Example II                               |  |
|---------------|--|--|
| bate of onset | of importance were as follows:           |  |
|               |  | 1 week ago   |
| July 5, 1927  | Peritonitis                              | 3 days ago   |
|               |  |  |
|               | Other contributory causes of importance: |  |
| May 1,1923    | Gastroenteritis                          | 1 year   |
|               |  |  |
|               | 1915<br>1921<br>July 5,1927              | bate of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Perilonitis  Other contributory causes of importance: |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| 0 0       |                |                   | 0             |               |
|-----------|----------------|-------------------|---------------|---------------|
| See Wirth | CONTILIEATO IN | rauthoregotion    | T. Oldanas di | to of this 71 |
|           | angung go      | - and the control | Lo Caras Mo   | al y vereu    |
|           |                |                   | 1             | 1 10          |
|           |                |                   |               | -             |

| A.   | STATE OF MARYLAND  | CERTIFICATE OF DEATH  |
|--|--|---|
| infor-<br>state<br>UPA-                                    | 1. PLACE OF DEATH  | 900   |
|  | County Somersel  | Registration Dist. No   |
| item of should of OCC                                      | Village or City Hudsons  | NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| NS.  |  | sds. How long in U.S. if of foreign birth?yrsmosds.   |
| CORD. Every<br>PHYSICIANS<br>oct statement                 | 2. FULL NAME George William  | <u>a</u>  |
| KD.<br>YSIC<br>stat  | (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State  |
| ECORD. PHYSI Kact sta                                      | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| T RECO<br>Y. PH<br>Exact                                   | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  | 21. DATE OF DEATH   |
| TT I I I I I I I I I I I I I I I I I I                     | 5a. If married, widowed, or divorced   | (Month) (Oay) (Year)  |
| DING<br>(ANEN<br>A C T )                                   | HUSBAND of Cor) WIFE of Luggis Williams  | 22. HEREBY CERTIFY. That instended deceased from  |
| cla KM   | 7  | 19-3 7 19-3 7   |
| FOR BI<br>IS A PEI<br>stated E<br>properly<br>certificate. | 6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oays If LESS than   | I lest sew http://www.jive on   |
| FOR B<br>IS A PI<br>stated I<br>properly                   | [ C. ] and 241   1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH end related causes of importance   |
| Fi IS st. st. pr. pr. cer                                  | 8. Trede, profession, or particular  | were es follows:  |
| HIS be be of of  | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and) |   |
|  | Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  |   |
| INK—T should it it may on back                             | SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this occupation function).  |   |
| RESI<br>IG IN<br>IGE S<br>I that it<br>that it             | 10. Date deceased last worked at this occupation (month an Decl 33) spent in this well life occupation   |   |
| Z  | 12. BIRTHPLACE (city or town) Stockton   | Other Contributory Causes of importance:  |
| ADDI St. St.   | (State or country)   | ounty wishing   |
| MARGIN<br>UNFADI<br>supplied.<br>n terms, so               | 13. NAME Dewell Melgus   | *   |
| MAH U sup uin te   | 13. NAME Servel Milyanis  14. BIRTHPLACE (city or town) Stockton   | Name of operationDote of  |
|  | (State of country)   | What test confirmed diagnosis? Was there en eu'opsy?  |
| r, with carefully H in pla                                 | 15. MAIDEN NAME Plorence Policacus  16. BIRTHPLACE (city or town) Stockstone   | 23. If death was due to external causes (VIOL ENCE) fill in also the following:                       |
| NLY,<br>oe car<br>ATH<br>nport                             |  | Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19   |
| AINI<br>d be<br>DEAT                                       | (State of country)   | Where did injury occur? (Specify city or town, county and State)                                      |
|  | 17. INFORMANT DE 3 CO / Vallacies (Address) Fudson Ma  | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.                             |
| FT 00 m  | 18. BURIAL, CREMATION, OR REMOVAL  | Manner of Injury  |
|  | Place Maryana Cem 1. Oate  | Nature of injury  |
| WRIT<br>mation<br>CAUSI                                    | 19. UNDERTAKER John a Brodston   | 24. Was disease or injury In eny way related to occupation of deceased?                               |
| No.  | (Address) Crufill Soft   | If so, specify  |
| N. X.  | 20. FILEO 1 1/8 , 13 V Gurelea 10, tauxor  | (Signed) M. D   |
| F 4  | Registrar.   | (Address) Charfulation Mol  |
|  | If more blanks are needed, address State Registrar,  | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.  |

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| Example I  |              | Example II   |                           |
|--|--------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis |              | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921         | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage JAN 3 1933   | July 5, 1927 | Peritonitis  | 3 days ago                |
| EUREAU V.  | ő.           |  |                           |
| Other contributory causes of importance:   |              | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923   | Gastroenteritis  | 1 year                    |
|  |              |  |                           |

|  | ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
|--|--|
|  |  |
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